

STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
CREDIT SERVICES ORGANIZATION SURETY BOND

KNOW ALL PERSONS BY THESE PRESENTS: That \_\_\_\_\_,  
(Name of Credit Services Organization)

a \_\_\_\_\_,  
(Description or form of business organization, including state of incorporation, e.g. "a Minnesota Corporation")  
with business office at \_\_\_\_\_,  
(Street Address, City, State, Zip Code of office covered by this bond)

as **PRINCIPAL**, and \_\_\_\_\_,  
(Name of Surety)

a corporation organized under the laws of the State of \_\_\_\_\_ which is authorized to engage in the business of insurance in the State of Minnesota, as **SURETY**, are hereby held and firmly bound to the Department of Commerce of the State of Minnesota in the sum of **TEN THOUSAND DOLLARS (\$10,000)**. Principal and Surety hereby bind themselves, their representatives, successors and assigns, jointly and severally.

The parties further agree that:

1. The purpose of this obligation, which is required by Minnesota Statutes, Section 332.55, is to secure the compliance by Principal with terms of Minnesota Statutes, Sections 332.52 to 332.58, and any other legal obligations arising out of the Principal's conduct as a credit services organization.
2. This bond is for the benefit of the State of Minnesota and all persons suffering damages by reason of Principal's failure to comply with Minnesota Statutes, Sections 332.52 to 332.58, or other legal obligations arising out of Principal's conduct as a credit services organization.
3. If the Principal shall violate Minnesota Statutes, Sections 332.52 to 332.58, or other legal obligations arising out of its conduct as a credit services organization, the Commissioner of Commerce, as well as any person damaged as a result of such violation shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for loss sustained by the injured party.
4. This bond may be cancelled by Surety by giving at least thirty (30) days written notice to Principal and the Commissioner of Commerce for the State of Minnesota. Any such cancellation shall not relieve Surety of any liability of Surety accruing prior to the effective date of cancellation of bond. If Surety should cancel this bond, then as of the effective date of cancellation, Principal's credit services organization registration shall be ineffective, and Principal shall not engage in the business of a credit services organization, as defined in Minnesota Statutes, Section 332.52, unless another surety is secured by Principal and a surety bond is duly executed to the satisfaction of the Commissioner of Commerce.
5. This bond shall be in effect from \_\_\_\_\_, 20\_\_\_\_\_, until June 30, 20\_\_\_\_\_.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Name of Surety)

\_\_\_\_\_  
(Name of Credit Services Organization)

By: \_\_\_\_\_  
(Signature of Attorney in Fact of Surety Company)

By: \_\_\_\_\_  
(Signature of President, Partner, or Sole Proprietor)

\_\_\_\_\_  
(Print Name of Attorney in Fact of Surety Company)

\_\_\_\_\_  
(Print Name of President, Partner, or Sole Proprietor)

**SIGNATURES MUST BE NOTARIZED ON THE FOLLOWING PAGE.**

**SURETY BOND – INSTRUCTIONS FOR NOTARIZATION:**

1. The Surety must have its signature notarized below, and a Power of Attorney must be attached for the Surety signing this form.
2. The Principal must have its signature notarized below. Use the notarization section for Individual, Partnership, or Corporation, depending on the business structure of the Principal.

**ACKNOWLEDGMENT OF SURETY**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

**ACKNOWLEDGMENT OF SURETY**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ who acknowledged that he or she is the attorney-in-fact who is authorized to  
sign on behalf of \_\_\_\_\_.  
(name of surety company)

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public

**ACKNOWLEDGMENT OF PRINCIPAL**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

**ACKNOWLEDGMENT OF PRINCIPAL  
INDIVIDUAL**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ known to me as the individual whose name is subscribed on this bond form,  
who acknowledged that this bond was executed for the purposes therein contained.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public

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STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

**ACKNOWLEDGMENT OF PRINCIPAL  
PARTNERSHIP**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ who acknowledged to me that he or she is a partner in the partnership whose  
name is subscribed on this bond form, and that this bond was executed on behalf of the partnership for the purposes therein  
contained.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public

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STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

**ACKNOWLEDGMENT OF PRINCIPAL  
CORPORATION**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ who acknowledged that he or she is the (title)  
of the corporation whose name is subscribed on this bond form, and that, as a corporate officer, he or she is authorized to execute  
the bond for the purposes therein contained.

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public

# INTEGRITY SURETY BOND APPLICATION

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT?** \_\_\_\_\_

**NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND?** \_\_\_\_\_

**SECTION I: BOND APPLIED FOR:**

TYPE OF BOND: \_\_\_\_\_ EFF.DATE: \_\_\_\_\_ EXP.DATE: \_\_\_\_\_  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_

OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**SECTION II: GENERAL INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

BUSINESS NAME: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES  NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

**IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:**

**SECTION III: ADDITIONAL OWNERS / PARTNERS**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**STATEMENT OF ASSETS & LIABILITIES AS OF \_\_\_\_\_**

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>		<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>

Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

**Integrity Bonds Inc**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

**E-Mail info@integritybonds.com**

**Fax: (602) 674-8235**